



Minnesota Department of **Human Services**

State Operated Services (SOS) consists of an array of campus and community-based programs serving people with mental illness, developmental disabilities, chemical dependency and traumatic brain injury.

The evolution of **STATE OPERATED SERVICES**



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St. Peter Asylum for the Insane

1866, March 2 – The MN Legislature passed an act for the establishment and location of a hospital for the insane in Minnesota.

1866, July – A farm containing 210 acres was purchased by the citizens of St. Peter, at \$7,000, and conveyed to the state in fee simple for the use of the hospital. The St. Peter Tribune reported that we are now fully authorized to announce, that both the permanent and temporary locations for the Insane Asylum have been positively settled at St. Peter.

1866 – The Ewing House property was purchased by the state to be used as a temporary Asylum for the Insane.

1866, October – Dr. Samuel Shantz elected medical superintendent and Physician (from Utica, NY). He entered upon his duties November 1, 1866.

1866, December 6 – Temporary Hospital opened and declared ready for the reception of patients. December 28th patients who had been sent to the Iowa hospital were returned to Minnesota and admitted to the Temporary Hospital.

1867, February – Trustees unanimously adapted for our state institution on the linear plan, consisting of a centre building with sections and return wings. The proposal from architect Samuel Sloan of Philadelphia was accepted. Work began July 22, 1867.



1868, August 20 – Dr. Samuel Shantz died of typhoid fever.

1868, November 6 – Dr. Cyrus K Bartlett of Northampton, Mass. Lunatic Asylum was unanimously elected to the position of superintendent.

1873, January 29 – South wing of the permanent hospital so far completed and furnished as to admit partial occupancy, and 53 female patients were removed from their crowded quarters in the temporary asylum much to their comfort and that

of the officers and attendants; others followed as fast as rooms were provided until the number was nearly one hundred in the new apartments.

1874, June – Miss Dorothea Lynde Dix, reformer, who effected great improvements in conditions of criminals, paupers and insane in Europe and US visited St. Peter. She was superintendent of women hospital nurses during the Civil War.

1875 – A Gas House, 38x30 feet and 13 feet high above the water table with a tinned roof, was constructed. Contained necessary apparatus for

manufacturing gas for lighting purposes. Built of stone, lined with brick with dead air space.

1875 – Gaslight in place of candles and moveable lamps filled with inflammable oil, one of the most important improvements.

1880, November 15 – North wing burns. Rebuilding began April 1881.

1885, January 1 – Temporary Hospital vacated.

1888 – A tunnel has been constructed between the south detached ward and the main building for the transportation of food from the main kitchen.

1889 – Training school for nurses established.

1890, March – Elizabeth C. Mallison, first woman assistant at the state hospital for the insane at St. Peter was employed.

1892, June 31 – A telephone system of thirteen stations has been put in giving quick and convenient communication with all the halls of the main building, detached wards, stable, carpenter and engineer shops, the steward's office and the telegraph office in the city during the biennial period ending on the above date.

1892 – Dr. Bartlett resigned. Farm increased to 810 acres.

1893, May – Elizabeth C. Mallison, first woman assistant physician employed at the state hospital for the insane at St. Peter terminated to accept the position of first assistant in the women's department of the Western Pennsylvania Hospital for the Insane at a salary of \$1,200 per year.

1893 – Hospital designated as St. Peter State hospital rather than first Minnesota State Hospital for the Insane.

1904 – Shack built for new Tuberculosis ward.

1907 – \$40,000 appropriated by MN Legislature for construction of a Nurses Home.

1908 – Cottage for tuberculosis insane built.

1911 – Detention Hospital built.

1911 – Asylum for the Dangerously Insane added to.

1919 – Dormitory #1 (building 30) and Dormitory #2 (building 31) built.

1920 – Nurses annex built (married couples home).

1922 – From the opening of the institution to the year 1900, 52% of all admissions were foreign born. The number of admissions of foreign born is lessening, the percentage this year being about 36. This is probably a result of the lessening number of foreign born coming to this state.

1926 – New industrial department for men opened in one of the small cottages formerly used for isolation.

1927 – Malaria treatments in paretic cases started.

1937 – The Professional Student Nurses Program (Affiliate Program in Psychiatric Nursing) established at St. Peter.

1937, December – Detention Hospital (supplanted by the Psychiatric Hospital) converted to a residence for women and renamed Liberty Hall.

1937 – A Mind Restored, the story of Jim Curran, by Elsa Krauch, was published. Recollections of a patient at St. Peter State Hospital in the early 1930's. Names of places and people are disguised but recognizable by St. Peter employees.

1944 – Nursing school discontinued.

1954 – The Alcoholics Anonymous chapter at the St. Peter State Hospital was founded at the request of Dr. Grimes, superintendent.

1962, May – Open house at Continuous Treatment Building #1 (Shantz Hall).



1962 – Cottage 10 is converted from a ward to Recreational Therapy Center.

1964, April 30 – New nurses home dedicated and named Johnson Nurses Home in honor of Miss Mary O. Johnson, Director of Nurses 1926-1956.

1964, May 9 – The old pump house (building at the spring), probably one of the oldest buildings on the hospital campus was wrecked by hospital maintenance crew.

1965 – Phelps Hall converted to Occupational Therapy Center.

1965 – Continuous treatment building #2 (Pexton Hall) opened and occupied.

1966 – Bartlett Hall (continuous treatment building #3) opened and occupied.

1966 – St. Peter State Hospital celebrated its centennial. Museum opened.

1966 – Psychopathic Hospital converted to Administration Building.

1967 – St. Peter State Hospital held a reception for the first patient to graduate from college while in the hospital. The young man had also completed his high school work while at the hospital and then continued on to a Bachelor of Arts degree. The hospital believes this is a first for any of the state hospitals.

1967 – MN Legislature directed that transfers be made to relieve overcrowding at the hospitals for the mentally retarded and to use vacant space in institutions serving persons with mental illness.

1968 – First large unit opened was Minnesota Valley Social Adaptation Center. Planning and staff recruitment started.

1968, January – Charles Turnbull appointed Program Director.

1968, August 19 – St. Peter received the first mentally retarded residents from Faribault State Hospital.

1970 – Work began on the rehab therapies building (Tomlinson Hall).

1970, August 17 – St. Peter State Hospital opened a new treatment program for alcoholics and non-narcotic drug addicts. The program originally housed in Shantz Hall with a capacity of 46 beds. Presently the Chemical Dependency Unit has its own building, Johnson Hall.

1973 – Patient advocate appointed.

1985 – Governor Perpich officially changed the names of the State Hospitals to Regional Treatment Centers.

1988 – Dr. William Erickson accepts position as medical director.

1997 – Last three patients with developmental disabilities discharged.

2003 – The MN Legislature authorizes further community-based development for persons with Mental Illness.

2007, May – Community Preparation Services opened in Green Acres.



Rochester Asylum for the Insane

1874 – MN Legislature taxed all liquor dealers \$10 to raise funds to establish State Inebriate Asylum, Asylum Board purchased 160 acre farm near Rochester and began building in 1877.

1876 – Created by act of MN Legislature as Asylum for Inebriates.

1878 – MN Legislature repealed tax levying act and by enactment designated partially completed inebriate asylum as Second Hospital for the Insane.

1879 – Opened. 68 patients transferred from St. Peter. Dr. Jacob E. Bowers elected Superintendent and began duties.

1880 – Wing for women built (100 women transferred from St. Peter following its fire).

1897 – Inebriate department abolished.

1900 – 1,207 patients.

1937 – Name designated as Rochester State Hospital.

1969 – Mental Retardation Programs established.

1971 – The facility was designated as a surgical center.

1975 – Chemical Dependency Treatment programs were established.

1982 – The facility is closed

Presently – The main building of this mental hospital built on the Kirkbride plan is long gone.



School for Imbeciles

1879 – MN Legislature authorized the Board of Directors of the MN Institution for the Deaf and Dumb to establish an Experimental School for Imbeciles.

1881-1899 – The MN Legislature appropriated \$25,000 for construction of Center Unit to house the new “Department for the Training of Imbeciles and the Custody of Idiots. Dr. Henry Knight and son Dr. George Knight became the first two superintendents. The Columbian Exposition in Chicago acknowledges Faribault for “work accomplished by pupils both in what they learn from books and in varied industries, illustrating the beneficial provision of the state for its feeble-minded.” Skinner Hall opened for girls and women amid claims that “no superior building for this purpose exists in the country.”



1900-1934 – A 40-bed Hospital opened in the building later known as Oaks. The first burial of a resident took place in the new cemetery south of the main campus. The name of the Institution was changed by adding “Minnesota School for the Feeble-Minded.” An additional 500 acres purchased to establish a Farm Colony in Walcott Township. A new barn and silos were built south of the campus in Peaceful Valley. An Accredited School for Nurses affiliated with Minneapolis City Hospital opened. Population rose to 2000.

1935-1959 – A new 205-bed Hospital was built as a WPA project. The “Association of Friends of the Mentally Retarded” was organized, later known as the “Minnesota Association for Retarded Citizens.” The name of the institution was changed to the Minnesota School and Colony. Population reached a high of 3355.

1960-1979 – The name of the institution was changed to Faribault State Hospital. The practice of lodging employees on campus ended. All farming operations ceased. The Faribault Area Training and Education Center becomes the Public Education Model for Minnesota.



Cedric Adams Gift Center opens. 100 year Gala celebration held in 1979, thousands attend. Population declined to 901.

1980-1989 – State Operated Services begins operating homes and vocational programs in community settings. The MN Legislature authorizes the turnover of the institution to Corrections for a new Prison. Institution name changed to Faribault Regional Center.

1990-1998 – Southern Cities Health Clinic to serve persons otherwise not served opens in Faribault. Health Services Building dedicated as the Nickerson Memorial Care Center. 40 State Operated Group Homes, 3 Crisis Homes and 5 Vocational Training sites opened.

1998 – The last individual left the institution.

State School for Dependent Children

1885 – The State Public School was established by the MN Legislature as a public institution for dependent and neglected children between the ages of 3 and 14. The School was created as a state-of-the-art institution. Management of the school was vested in a three-member board. Its goals were to educate the students under its jurisdiction, to find adoptive families for them,



and to enable the students to be self-supporting upon discharge. Essentially, the school functioned as the state's public orphanage and adoption agency. Children who were not adopted or placed out were discharged when they became self-supporting, reached the age of majority (usually 18 for girls and 21 for boys), or when their parents were able again to care for them.

1917 – Children were committed to the facility by the Juvenile Court, if the county had a separate Juvenile Court. Management of the facility changed to the State Board of Control.

1936 – The school ceased the practice of “indentured placement” (frequently termed placing out), whereby children were placed in homes (often farms) on contract to do work or to learn a trade in exchange for a payment to the state.

1939 – Management of the school changed and was under the Division of Public Institutions, Department of Social Security.

1945 – State public welfare officials believed that early foster or adoptive placement was preferable to institutionalization and admissions to the school ceased. In the twentieth century, the resident population of the school fluctuated between 200 and 400. Between 1886 and 1945, there were 10,635 children who passed through the doors of the School.

1970 – The State Public School was officially abolished and all its lands, buildings, property, and funds were transferred to the newly established Owatonna State School, which provided academic and vocational training for the mentally retarded. The Owatonna State School closed, the remaining individuals and staff moved to the Faribault State Hospital.

1974 – After standing empty for four years, the city of Owatonna purchased the property to house its city administrative offices and other related city facilities.

Fergus Falls Asylum for the Insane

1885 – MN Legislature commissioned a third state asylum for the mentally ill to be built and located in Fergus Falls.

1887 – MN Legislature formally ordered construction to begin. The new facility was designed by Warren B. Dunnell, a prominent architect from Minneapolis, who incorporated Dr. Thomas S. Kirkbride's standard for asylum construction.

1890 – The first patients were transferred from St. Peter to the newly completed West Detached Section.

1891 – Farming was a core rehabilitative activity for patients, as well as providing food for the facility. Its first crops, milk, beef, veal and pork were valued at \$4,133.35.

1894 – A Training School for Nurses opened on campus.

1897 – Construction was completed on the Administrative Building.

1899 – The East Detached Section was completed.

1906 – Construction of the eight-story Romanesque Tower marked the completion of the facility.

1937 – Patient census reached an all-time high of 2,078.

1941 – The Training School for Nurses graduated its last class.



1965 – Fergus Falls State Hospital (FFSH) was first accredited by Joint Commission on Accreditation of Hospitals.

1968 – The MN Legislature made the decision to cease farming operations.

1969 – FFSH became one of the first multi-purpose treatment campuses, serving those with developmental disabilities, chemical dependency as well as psychiatric illnesses.

1979 – Alcohol and drug abuse treatment programs were established.

1985 – By executive order of Governor Perpich, the names of all State Hospitals were changed to Regional Treatment Centers, to reflect the broad spectrum of professional treatment services provided by the facility to the 17-county catchment area in northwestern and west central Minnesota.

1990 – FFRTC celebrated its Centennial.

1993 – The first Adult Foster Care Home for people with developmental disabilities opened in Fergus, as these services transitioned to the community.

1996 – The first Adult Mental Health Initiative projects began, involving multi-county groups, consumers, community providers and regional treatment centers across the state.

2000 – On June 30, Developmental Disability Services became totally community based.

2003 – The MN Legislature authorizes further community-based service development for individuals with mental illness.



Minnesota State Hospital for Crippled and Deformed Children

1897, April 23 – The MN Legislature gave the University of Minnesota the authority to establish a “Minnesota Institute for Crippled and Indigent Children.” A ward was set aside at City and



County Hospital in St. Paul the state providing braces and surgical appliances at minimal cost. The regents named Dr. Gillette chief surgeon and Dr. Gillette’s medical school colleagues agreed to donate their services. The number of patients Dr. Gillette served outgrew the space at City and County Hospital and the need for a separate institution was apparent. Citizens of St. Paul, the Business League and the Commercial Club of St. Paul donated 23 acres in Phalen Park and its new facilities opened in 1911.

1921, March 21 – Dr. Gillette died at the age of 57. He had been responsible for the treatment of 4,171 children. More than 80 percent were cured or discharged as improved and able to



live independently. In 1925, in memory of Dr. Gillette, the hospital was renamed the Gillette State Hospital for Crippled Children.

1971 – Renamed Gillette Children’s Hospital.

1973 – Gillette Children’s Hospital was transferred to the Gillette Hospital Authority, a public nonprofit organization under the executive branch of the state of Minnesota. Staff were provided the option of remaining in state civil service.

Anoka Asylum for the Insane

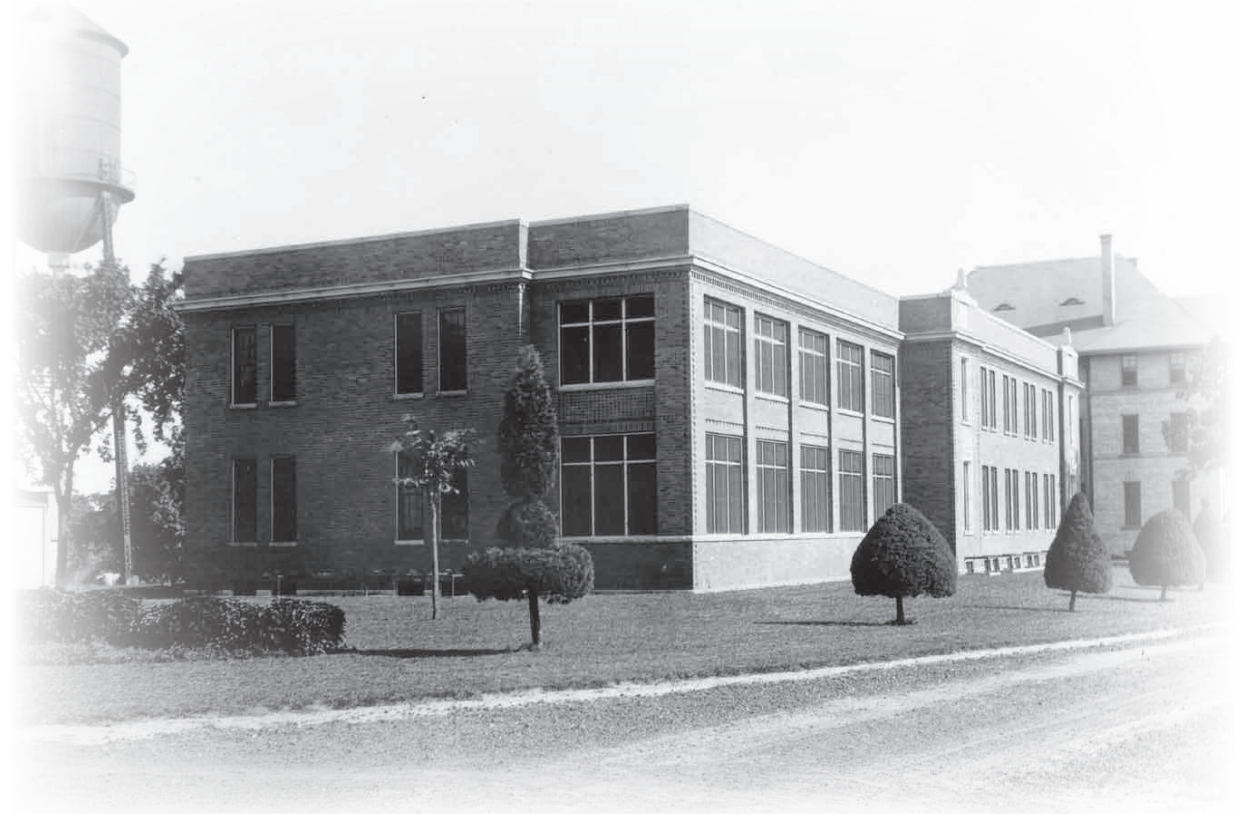
1899 – MN Legislature established Anoka Asylum for Insane.

1900 – Facility opened. 113 patients transferred from St. Peter State Hospital.

1900 – Farmstead consisted of two barns, granaries, machine sheds and outbuildings. It eventually built up to approximately 100 head of Holstein cattle, (well known at the State Fairs as a prize dairy herd), 6 teams of horses, 200 hogs, 1000 chickens and 200 turkeys. Vegetables were canned there, homemade jellies and jams preserved and butter and ice cream made.

1904, August 29 – Cottage 1 (Women's Cottage) opened and women were admitted. It was planned that Anoka would care for women patients with just enough men on the grounds to milk cows, shovel snow, etc. This resulted in a disproportionately large number of women (approximately 1,000 as compared to 400 men). To care for the approximately 100 women in each cottage, there was an average of 1.8 employees per shift.

1908-1915 – Cottages 2 through 10 were completed and occupied. The buildings were placed in a circle to follow the "Cottage Plan" or the "Home Idea", where it was felt the separate buildings would allow a closer relationship between the attendants and the patients. There would be useful employment for the patients either on the farmstead or assisting with housekeeping tasks in the cottage. Patients who were sent here or placed



here were considered to be long-term residents. It was understood that they would live and work here for the rest of their lives.

1919 – Law made this Anoka State Asylum.

1920 – Influenza epidemic; decrease of 176 patients during this period; many died of influenza.

1925 – Occupational therapy was introduced and a teacher of "industrial work" for women patients was hired.

1935 – First full-time woman psychiatrist, Dr. Gladys Trummald, was hired.

1937 – Name changed to Anoka State Hospital.

1940 – Fully approved by the American Hospital Association.

1946 – Electroshock machine purchased and first utilized.

1947 – Anoka State Hospital became one of the first hospitals in the Union to be approved for funding by the MN Legislature to provide a Tuberculosis Center to serve the Minnesota State mental hospitals.

1950 – Construction began to build a Receiving Building to accommodate sixty patients for careful study, diagnosis and treatment. Renamed the Miller Building after Superintendent Dr. Edmund Miller.

1950-1969 – The Anoka State Hospital became the Tuberculosis (TB) Center for mentally ill in the state and was located in the Burns Building. Prisoners from Stillwater were also sent here for TB treatments and were housed in Cottage 8.

1955 – Tranquilizers were first used to treat patients.

1961 – First state hospital in Minnesota to be accredited.

1965 – Cottage 6 and 7 joined to form the Adult Psychiatric Center (APC); later renamed the Vail Building after Dr. David J. Vail.

1966 – Farming operations ceased.

1970 – Chemical Dependency treatment program opened.



1971 – General surgery program closed.

1980 – Cronin Building completed and occupied by the Chemical Dependency Treatment Program on the grounds of the former Burns Building.

1985 – Name change to the Anoka-Metro Regional Treatment Center.

1995, November 8 – Groundbreaking ceremony for new facility. Excavation delayed to March 11, 1997.

1999, April 28 – Patients scheduled to move from old facility to new facility.

2000 – Centennial celebration.

Hastings Asylum for the Insane

1899 – MN Legislature established Hastings Asylum for Insane.

1900 – Facility opened. 112 patients transferred from Rochester State Hospital.

1919 – Law made this Hastings State Asylum.

1937 – Name changed to Hastings State Hospital.

1968 – Alcohol and drug abuse program was established.

1969 – Mental Retardation programs were established.

1976 – Mental Retardation unit closed.

1978 – The State Hospital closed. Facility transferred to Veterans Affairs.



Minnesota State Sanatorium for Consumptives

1901 – The MN Legislature authorized Governor Samuel R. Van Sant to appoint a commission to locate and establish a State Sanatorium for Consumptives. The commission recommended a 700 acre site overlooking Shingobee Bay on the south shore of Leech Lake near Walker, Minnesota.

1903 – A bill was approved by the MN Legislature authorizing the purchase of land and construction of the facility. The buildings of the Minnesota State Sanatorium for Consumptives were designed by Clarence H. Johnston Sr. in the nationalistic colonial revival style of architecture.

1907, December 28 – The Minnesota State Sanatorium for Consumptives officially opened with the admission of two male patients.

1914 – The Recreation Hall was built to provide a place for entertainment for the patients, who were isolated from family and friends.

1922 – Construction of the first two infirmaries began as a response to isolate the more severe cases of tuberculosis from those who were less severe.

1922 – The United States Government legally changed the name of the post office from “State Sanatorium” to “Ah-gwah-ching,” meaning “out of doors” in Ojibwa. Congress approved funding for a building to be constructed to be available for the care and treatment of Minnesota Indians and the Indian Building was constructed.



1924 – A new Power House was built and began providing the facility with heat and light. The smoke stack rose 150 feet above the building foundation.

1928 – The Hall Pavilion building was constructed to house ambulatory patients.

1936 – The main building constructed in 1907 was remodeled under the WPA (Works Progress Administration or Works Project Administration) program initiated by President Franklin D. Roosevelt. Wooden porches were enclosed and fireproofed and terrazzo floors replaced all wooden floors.

1937-1940 – Ah-gwah-ching was decorated with WPA paintings and other art objects.

1960 – With the development of community nursing homes many of the persons who once would have received care at the Ah-gwah-ching Nursing Home were admitted to community nursing homes.

1962, January 1 – After treating nearly 14,000 patients over 50 years through the isolation of infected individuals, early diagnosis and admission, tuberculin testing, improved care and surgical techniques, mass x-ray examinations, and antibiotic therapy, the Minnesota State Sanatorium for Consumptives/Ah-gwah-ching closed. The facility was immediately converted to a state nursing home for geriatric patients and was renamed the Ah-gwah-ching Nursing Home. Under its new mission, in the 1970's the nursing home served a high of 462 geriatric patients with a wide variety of physical and mental illnesses.

1983 – The Lakeside Treatment Center was opened on the Ah-gwah-ching campus as a 40-bed Rule 35 chemical dependency treatment center for chronic chemically dependent patients.

2003 – The mission of Ah-gwah-ching was refined.

2006, January 1 – Temporary location of the State Operated Forensics Nursing Facility until a new facility is completed in St. Peter in the summer of 2008.



State Hospital Farm for Inebriates

1907 – Willmar Hospital Farm for Inebriates was established by the MN Legislature as Minnesota's second state hospital for alcoholics.

1909 – The land was purchased from the Tallman family.

1912 – Opened December 26 with two major buildings on a 500-acre farm site. Financed through a state tax of 2% on all liquor license fees.

1917 – Due to Prohibition and the decline of the chemical dependency population, services were expanded to include custodial care for the chronically insane.

1919 – Name changed to Willmar State Asylum.

1935 – Cottages 4 and 10 treated active tuberculosis patients through the early 1950s.

1937 – Name changed to Willmar State Hospital.

1951 – Willmar became an intensive receiving hospital rather than a custodial hospital. This marked the transition to modern treatment.



1953 – Pastoral clinical training program started for future chaplains and resident pastors.

1954 – The “Minnesota Model” of chemical dependency treatment is born under the direction of Dr. Nelson Bradley and Dan Anderson.

1956 – Medications began to play a significant role in psychiatric treatment. Thorazine is introduced.

1957 – Release of film “The Human Side” which was filmed at Willmar State Hospital depicting the role of volunteers and the integration of patients into the community. This film was given the Silver Award from the American Psychiatric Association.

1963 – Accredited by Joint Commission on Accreditation of Hospitals.

1965 – Began Adolescent Program for boys and girls 12 to 17 years of age. 50-bed capacity.

1969 – Farm auction held. Farm activities closed out in June.

1973 – Glacial Ridge Training Center was established as a residential service program to provide services to the developmentally disabled.

1985 – By executive order of Governor Perpich, the name was changed to Willmar Regional Treatment Center.

1996 – In April, Developmental Disability Services became totally community-based.

2003 – The MN Legislature adopts a plan to develop additional community-based services for individuals with mental illness.

2006 – The sale of the Willmar Regional Treatment Center campus was finalized on January 16. 37 buildings were purchased by Nova-Tech Engineering and Epitopix. Seven buildings were purchased by Kandiyohi County to be leased back to the State of Minnesota for State Operated Services programs.

2007 – Site selected for construction of the new Community Behavioral Health Hospital in Willmar.



Asylum for the Dangerously Insane

1906 – Recommendation made by the Minnesota State board of Control for the building of a facility to house the “dangerously and criminally insane” at the site of the Hospital for the Insane at St. Peter. It was called the “Asylum for the Dangerously Insane.”

1909 – Construction began.

1910 – Facility opened.

1930 – Psychosurgery, electroconvulsive therapy, and insulin coma therapy were introduced as methods for treatment.

1954 – The custodial period ended with the introduction of Thorazine the first effective medication for the treatment of mental illness.

1957 – The MN Legislature allowed the residents to choose the current name of the Minnesota Security Hospital (MSH).

1963 – The MN Legislature allowed the facility its own administrative and medical management, separate from the St. Peter State Hospital.

1970 – The Intensive Treatment Program for Sexual Aggressives (ITPSA) was established. The ITPSA served men who had committed sexual crimes and were deemed appropriate for treatment rather than going to prison to serve their correctional sentence.

1982 – MSH moved to a new state-of-the-art building on the upper campus of the treatment



center. The new building contained seven units with 164 beds and was considered to be the finest structure of its kind serving patients that were mentally ill and dangerous.

1980-1990 – The courts in Minnesota began to more actively apply the Psychopathic Personality law from 1939 and as a result the number of men committed for treatment related to sexual crimes began to grow quickly. The ITPSA program was ended and the new Minnesota Sex Offender Program began to take shape.

1996 – A 50-bed addition to the MSH building was completed.

1998 – The Forensic Transition Program was developed as a non-secure program for patients committed as mentally ill and dangerous who had successfully completed treatment at the MSH and who had gained approval from the Special Review Board to move from MSH to a less restrictive setting.



State School and Hospital for Feeble-Minded and Epileptics

1919 – MN Legislature authorized the State Board of Control to select from the public lands of the state sites for a colony for feeble-minded and a colony for epileptics.

1923 – Law was amended to purchase a site for a colony for epileptics. Land was secured in Cambridge. Construction on Cottage One began.

1925 – Cottage One completed April 1925. On June 1, 1925, the first 5 residents transferred from Faribault State Hospital for the Feeble Minded. Others arrived in small groups later. Main clientele: then untreatable victims of epilepsy.

1949 – Name changed from Minnesota Colony for Epileptics to the Cambridge State School and Hospital. State's solution for the care of patients was to continue to build more institutions.

State School and Hospital for Mentally Deficient and Epileptics

1960 – Efforts were made by the Department of Public Welfare and hospital staff to “humanize” the living conditions of the residents. They also adapted an aggressive placement policy and tried to place as many residents as possible into suitable community facilities.

1961 – Peak population: 2008.

1967 – MN Legislature changes name to Cambridge State Hospital (CSH).



1968 – After a successful pilot camping program, Camp New Hope, Inc., a non-profit corporation, is organized at CSH to “acquire, provide, and maintain therapeutic experiences in group living for handicapped persons, primarily those at Cambridge State Hospital.” They purchased a 40-acre campsite on Glacier Lake, north of McGregor, MN. The corporation was created and funded entirely by donations.

1972 – MN Legislature requires mandatory schooling for children who are mentally retarded and trainable. Classes are conducted by school district 911 starting in August.

1972 – Population near 935. Lawsuit filed against CSH and 5 other State Hospitals and the Administrator of each. The suit was filed by the parents of 6 individuals (2 from Cambridge) who felt that the physical conditions, care, treatment, and training did not meet constitutional standards. This was a “Class Action” Suit, meaning that any orders issued by the court would benefit all residents in all Minnesota State Hospitals. CSH becomes more program-oriented, trying to involve each resident on campus with six hours of programming per day, five days a week.

1973 – CSH becomes more program-oriented, instead of medically oriented, attempting to involve every resident on the campus in six hours of programming per day, five days a week. When possible, this was done outside of the resident’s immediate living area.

1974 – 97 percent of residents were involved, compared to about 50 percent or less in years past. Higher functioning residents have been discharged into the community as much as possible, so the severity of the disabilities of the residents has increased dramatically as the population decreases.

1975 – 658 residents. 90% severely and profoundly retarded, 85% have little to no speech, and about 50% have multiple handicaps (physical handicaps besides mental retardation.) Staff to resident ratios have changed due to the great amount of care each resident needs to reach their highest potential.

1980-1990 – Continued downsizing and placement of clients into community-based programs.

1999, June – Last client from the Cambridge Regional Center is placed in community. Facility is officially closed.



Moose Lake State Hospital

1935 – MN Legislature enacted law authorizing appointment of commission to select land in northeast Minnesota for Fourth State Hospital for Insane.

1935 – Special Session confirmed location of Institution at Moose Lake.

1938 – Facility opened on May 2.

1949 – Use of restraints discontinued. Patients are to be treated humanely and therapeutically rather than threatened with restraint.

1950 – Moose Lake State Hospital receives an award from the American Psychiatric Association for their achievement in eliminating restraints.

1952 – Efforts began at MLSH to coordinate and promote the use of volunteerism.

1954 – The onset and use of Thorazine.

1955 – Peak census of 1290 patients with at least one third being age 65 years old or older.

1957 – Formal one-year training course for psychiatric aide trainees replaces two and half week training program started in 1950 for all employees.

1958 – The Minnesota Department of Public Welfare won an award from the American Psychiatric Association for their efforts to involve the community.

1959 – 40% of the patients are on psychotherapeutic medications.

1959 – A Chemical Dependency Program was established.

1966 – MLSH successfully completes their first JCAHO survey and were accredited for three years.

1969 – Mental Retardation and Developmental Disabilities programs were established.

1973 – The first Patient/Resident Advocate is appointed at MLSH.

1993 – The MN Legislature approves a plan to convert the hospital into a State Correctional Facility.

1995 – The hospital is closed and transferred to the Minnesota Department of Corrections. Chemical Dependency, Developmental Disability, and Mental Health programs are moved into the community.



Sandstone State Hospital

1950 – The State leases the site of Sandstone Federal Correctional Institution (since 1939) and converts the site to Sandstone State Hospital.

1959 – The facility was reclaimed as a Federal prison, due to fluctuations in prison populations. 428 residents were returned to the State Hospitals in their own receiving districts. 107 employees were transferred to other State Hospitals or joined the Prison Staff.



Lake Owasso Annex

1955 – Lake Owasso Annex was established for children with mental retardation was established.

1976 – The facility was closed and transferred to Ramsey County. Employees were either transferred to other state facilities or to the county.



Brainerd State School and Hospital

1958 – The facility opens.

1967 – Name changes to Brainerd State Hospital.

1969 – Camp Confidence (Northern Therapeutic Camp) opens.

1969 – Hubert and Muriel Humphrey speak at Open House.

1970 – 20 medical bed and 1,322 beds for patients with developmental disabilities licensed.

1970 – Minnesota Learning Center (MLC) opens (patients from Owatonna).

1972 – Deaf Blind program opens.

1974 – Four Winds Lodge (chemical dependency) opens.

1981 – Pope John Paul II sent a photo/special message for the patients and staff at BSH.



1985 – Name changes to Brainerd Regional Human Services Center.

1998 – BRHSC Hosts 40th birthday.

1999 – New Dawn Board and Lodge licensed (women with chemical dependencies).

2000 – Outpatient Gambling Addiction Services begin.

2003 – The MN Legislature adopts a plan to develop additional community-based services for individuals with mental illness.

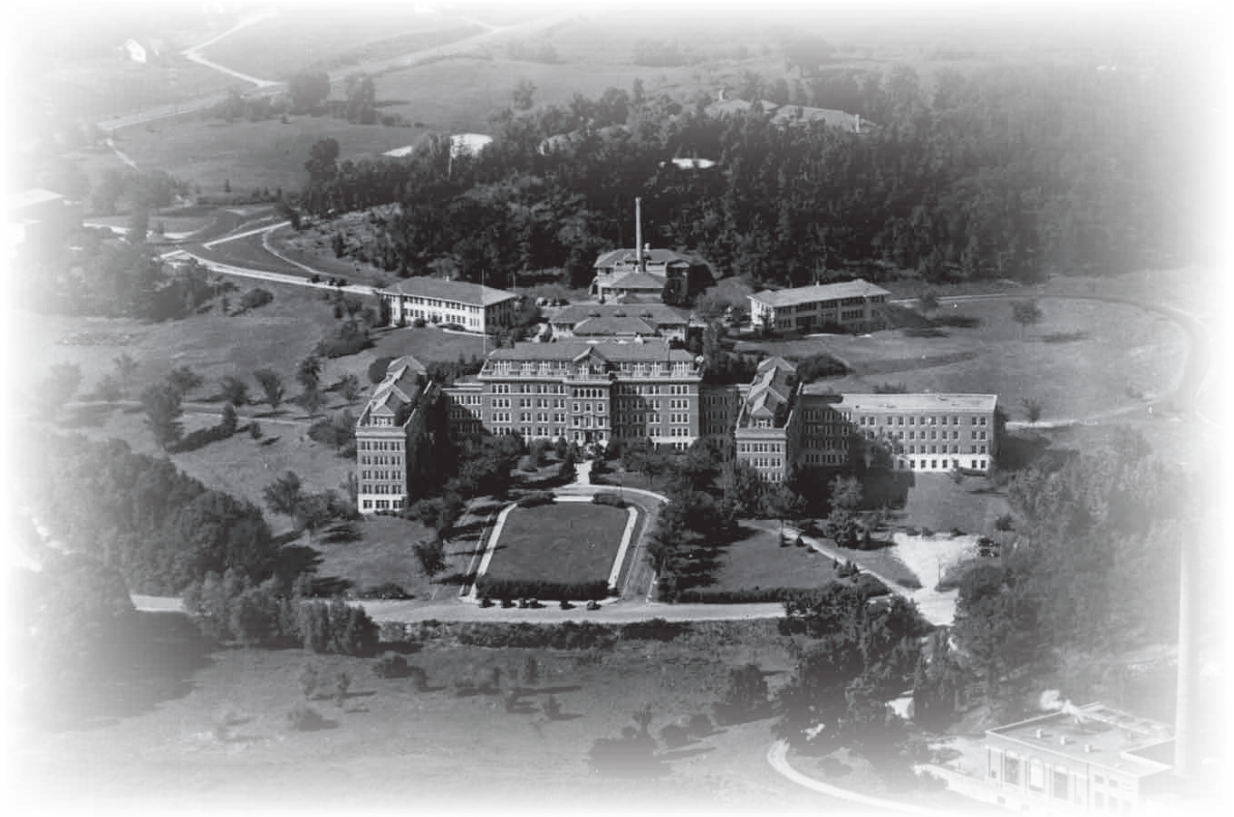
Oak Terrace Nursing Home

1961 – The State began leasing the Glen Lake Sanatorium that had been a county tuberculosis sanatorium facility at Oak Terrace, MN from Hennepin County. The Oak Terrace Nursing Home was created in part of the facility. 274 geriatric residents from other State Hospitals were transferred to Oak Terrace. 287 Hennepin County Employees at Glen Lake were transferred into state service. The Minnesota Children's Treatment Center also opened. It closed in 1963.

1976 – The facility stopped providing inpatient tuberculosis treatment services.

1991 – The Nursing Home is closed and the remaining property is transferred back to Hennepin County and subsequently demolished.

1993 – The entire Glen Lake complex was demolished. It had served over 17,000 people in its 75 years.



Minnesota Extended Treatment Options (METO)

1991 – Cambridge Task Force recommends the Commissioner of Minnesota Department of Human Services (DHS) develop a long-term residential program for individuals with high risk behaviors.

1995 – Legislation directs DHS to “develop a specialized service model at the Cambridge campus to serve citizens of Minnesota who have a developmental disability and exhibit severe behaviors which present a risk to public safety. This service will have the capacity to serve between 40 and 100 individuals.”

1996 – Bonding of 3.4 million dollars for the construction of new residential units at Cambridge to serve 36 clients and remodeling of existing buildings for day program and recreation activities.

1997 – METO was established on the former Cambridge Regional Treatment Center campus to provide specialized services for persons with Developmental Disabilities who present a public safety risk.

1998 – Bonding of 1.5 million dollars for the construction of 12 additional residential beds.



1999 – Opening of new residential units (initial 36 beds authorized in 1996 bonding) and completion of remodeling of existing buildings for day program and recreation activities.

Minnesota Sexual Psychopathic Personality Treatment Center

1993 – The MN Legislature authorizes construction of the Minnesota Sexual Psychopathic Personality Treatment Center (MSPPTC).



1995 – The MSPPTC is opened and begins providing treatment to individuals committed as psychopathic personalities.

1999 – The MN Legislature authorizes a 50-bed expansion of the facility.

2000 – Completes 50-bed expansion.

2003 – The name of the MSPPTC is changed to the Minnesota Sex Offender Program (MSOP) at Moose Lake.

2007 – MSOP presently operates facilities at St. Peter and Moose Lake and at the Minnesota Correctional Facility in Moose Lake.

Community Support Services

1993 – The MN Legislature created seven Community Support Services (CSS) Teams across the state. While all CSS Teams originally were housed on former RTC campuses, today's CSS Teams provide decentralized clinical consultation and technical assistance in all 87 Minnesota counties. As in 1993, today CSS assists clinically complex individuals remain in their communities and builds support networks. Services promote supports that are person-centered and that develop paid and non-paid caregiver skills. A primary emphasis for all services is to assist those who know the individual best. CSS may fill a direct service gap temporarily while elements of a successful life plan are developed, however training and mentoring others remains the focus of Community Support Services. CSS continues to evolve to build community capacity to service clinically complex individuals.

2003 – Synergy was developed to build support networks for individuals with serious and persistent mental illness.

2005 – Forensic CSS was developed to serve individuals that have been committed as mentally ill and dangerous on provisional discharge living in the community.

Minnesota Security Hospital

See page 14.

SOS TODAY (ADULT MENTAL HEALTH)

Community Behavioral Health Hospitals (CBHH)

1987 – The MN Legislature enacted the Adult Mental Health Act which set the stage for system changes for increased consumer choice and expanded marketplace for mental health services.

2003 – The MN Legislature adopts a plan to expand community-based alternatives for persons with mental illness. Eleven public/private partnerships were formed and collaborated over a period of several years to build adult mental health treatment capacity in smaller settings, closer to individuals' communities, homes, and natural supports of family and friends. Regions reviewed locations of available psychiatric inpatient mental health services and population centers to ensure adequate capacity and access.

2005 – CBHHs were designed as part of a new array of services. Regional Planning groups asked State Operated Services to operate hospitals. Provide acute psychiatric hospitalization



for assessment, stabilization and treatment. Maximum 16 bed capacity with an expected average length of stay less than 30 days.

2006 – CBHHs opened in Alexandria, St. Peter, Rochester, Annandale, Wadena, and Fergus Falls.

2007 – CBHHs opened in Baxter, Cold Spring, and Bemidji.

2008 – Tenth CBHH will open in Willmar.



Clinics

1991 – Health Source Clinic in Cambridge and Southern Cities Clinic in Faribault were opened as part of the closure agreement of their respective Regional Treatment Centers. The Clinics originally provided a full range of services including Psychiatric, Dental, Occupational Therapy, Physical Therapy, Speech Therapy and General Physician services. The intent was that over time these services would be replaced by the private sector. This has happened except for Dental Services statewide and Psychiatric services out of Faribault.

2005 – A community dental clinic was opened in Fergus Falls.

2006 – A dental office operated in conjunction with Central Lakes Community College was opened in Brainerd. A clinic continues to be operated on the former Willmar campus.

Eveleth Behavioral Health Services

1995 – Eveleth Behavioral Health Hospital, a community based state operated sixteen bed psychiatric hospital, opened after the closure of Moose Lake Regional Treatment Center. This acute care facility was the first community-based, sixteen-bed psychiatric hospital founded by the State of Minnesota. The successful implementation of treatment programs and services at Eveleth Behavioral Health Hospital proved the state's hypothesis that quality health care could be delivered in smaller, community-based facilities. Eveleth Behavioral Health Hospital was also the first community-based, sixteen-bed psychiatric hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).



Bridge House

1995 – Bridge House opened in Duluth following the closure of Moose Lake Regional Treatment Center earlier that summer. Bridge House had 12 beds designated for Seriously and Persistently Mentally Ill adults. Bridge House served many of the same clients who had stayed at Moose Lake Regional Treatment Center, but also served many new clients. From its inception, Bridge House has tried to help provide services which are not already available in the community to mentally ill clients. To that goal, Bridge House has worked closely with the counties served to meet changing needs.



South Central Crisis Center

2003 – Regional Planning Groups established to develop community-based services. The South Central Ten Regional Planning Group in collaboration with area consumers and mental health service providers, identified need for sub acute crisis stabilization services. The South Central Ten Regional Planning Group appointed a sub-committee to design a crisis stabilization program which would serve the consumers residing in the ten counties.

2004 – Program components, location and staffing needs were identified and proposal submitted to the South Central Ten Community-Based Initiative and State Operated Services. The

South Central Ten Community-Based Initiative requested that State Operated Services operate the crisis stabilization program. A Memorandum of Understanding for South Central Community-Based Initiatives and State Operated Services was established to detail the scope of the Crisis Center, define the roles and responsibilities of the parties and discuss procedures for timely project reviews.

2005 – South Central Crisis Center opened in Mankato, Minnesota.

Anoka-Metro Regional Treatment Center

See page 9.

SOS TODAY (SPECIAL POPULATIONS)

Community Addiction Recovery Enterprise

1872 – Dr. Charles N. Hewitt was appointed Executive Secretary of the newly created State Board of Health launching Minnesota's movement toward institutional treatment for alcoholism.

1873 – After considerable study of asylums serving the inebriate population, Dr. Hewitt and his allies convinced the MN Legislature to pass "An Act to Establish a Fund for the Foundation and Maintenance of an Asylum for the Inebriates."

1907 – The MN Legislature passed an act authorizing establishment of a State Hospital Farm for Inebriates.

1909 – The Board of Control purchased 482 acres from the D.N. Tallman family for the location of the new State Hospital Farm for Inebriates located in Willmar.

1912 – The first patients were admitted to the State Hospital Farm for Inebriates in Willmar. Patients are still being served at that site.

1950 – Dr. Nelson Bradley and Dan Anderson developed a holistic approach to treatment of alcoholism, known as "The Minnesota Model" treating the whole person—body, mind and spirit—which shortened lengths of stay to just 60 days.

1959 – Treatment services were established at Moose Lake.

1970 – Treatment services were established at Fergus Falls.

1971 – Treatment services were established at Anoka, Brainerd and St. Peter.

1974 – The Counselor Training Program was established at Fergus Falls, which continued until 1996.

1975 – Treatment services were established in Rochester and Brainerd opened their Four Winds program for Native Americans.

1977 – Fergus Falls established its Youth Treatment Program, which ended in 1992.

1982 – Treatment services at Rochester closed.

1983 – The Drug and Alcohol Abuse Normative Evaluation System (DAANES) was initiated.

1984 – St. Peter began their dual diagnosis (mental illness/chemical dependency) program.

1986 – The Consolidated Chemical Dependency Treatment Fund (CCDTF) was established into one fund administered by counties and Indian reservations.

1988 – Treatment programs began operations under a competitive model with the implementation of the CCDTF.

1994 – Due to the closure of Moose Lake State Hospital, Liberalis, a specialized women's treatment program, moved off campus, leasing the third floor of the Community Memorial Hospital

in Cloquet. The men's program was moved to Cambridge. A dual diagnosis (mental illness/chemical dependency) outpatient program was established at Willmar.

1996 – Fergus Falls established a treatment program focusing on adolescents, ages 12-18 years of age.

2000 – Brainerd established a treatment program for adolescents.

2003 – The Willmar dual diagnosis program becomes an enterprise, residential program.

2005 – The MN Legislature established the Minnesota Methamphetamine Resource Center in Willmar to support evidence-based practice research statewide and to create training for addiction counselors specializing in the treatment of methamphetamine abuse.

2007 – St. Peter opened a new 36-bed facility. This was the first State Operated Services facility built specifically for individuals with chemical dependency since Willmar in 1912. The Otter Tail County Board approved construction of a new 60-bed facility at Fergus Falls.



Minnesota State Operated Community Services (MSOCS)

1986 – The first state operated group homes were opened.

1987 – State Operated Community Services (SOCS) began as a pilot project to move developmentally disabled individuals into the community.

1997 – Governor Arne H. Carlson established an Executive Order creating Eastern Minnesota State Operated Community Services (EMSOCS) to manage community-based homes, intermediate care facilities and day training and habilitation programs for Minnesotans with developmental disabilities formally managed by Faribault Regional Center and the Cambridge Regional Human Services Center.

2002 – Minnesota State Operation Community Services (MSOCS) was created as a result of a merger between state operated programs managed by five separate regions throughout the state.



Minnesota Neurorehabilitation Services (MNS)

1994 – Established MNH on the Brainerd Regional Human Services Campus to provide inpatient services for adults with TBI (traumatic brain injury) or ABI (Acquired brain Injury) who were not being served adequately.



Child & Adolescent Behavioral Health Services (CABHS)

2002 – CABHS was established, combining existing programs and resources from the Brainerd and Willmar Regional Treatment Centers (RTCs). Minnesota Intensive Therapeutic Homes (MITH) are developed to provide a unique alternative to institutional placement for children with severe emotional disturbance. Foster families receive rigorous support from CABHS mental health professionals. Community support staff members maintain daily contact with the provider and facilitate support group meetings for foster parents each week. They are available for crisis support for the child/adolescent and the foster parent 24 hours a day/7 days a week.

2005 – CABHS received JCAHO Accreditation.





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This information is available in other forms to people with disabilities by contacting us at (651) 431-3676 (voice). TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.